

ISSUE CLASSIFICATION	
Class	Subclass

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PATENT NUMBER

U.S. UTILITY Patent Application

<p>O.I.P.E.</p> <p>SCANNED <u>MSD</u> Q.A. <u>SW</u></p>	<p>PATENT DATE</p>
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/942439	D	433	167	3732	Lewis

APPLICANTS

Oral Sekunder

04/270, 556

title

One visit dental prosthesis

PTO-2040
12/89

ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner)		NOTICE OF ALLOWANCE MAILED 	
	_____ (Date)			
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner)		ISSUE FEE	
	_____ (Date)		Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner)		ISSUE BATCH NUMBER	
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